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Healthcare Licensing and Surveys

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OMBNO 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAIDSERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535050	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70(a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (111) construction built in 1983. The building was equipped with a supervised, automatic dry sprinkler system with dry pendent heads and a zoned fire alarm system. The facility had a capacity of 45 certified Medicare and Medicaid beds with a census of 32.	K000		
K029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were protected from the corridor with self-closing doors in 2 of 4 smoke compartments. The findings were:	K029	K 029 A. The dietary door self-closing device will be adjusted so as door will close and latch when closed. Network/file room door will have a self-closing device provided that will close and latch that door when in use. . B. All residents and staff are at risk if fire or smoke were present in those rooms or any other room that is protected by a self-closing device. Maintenance will observe and audit all self-closing devises in all 4 smoke compartments once and there after quarterly C. The maintenance manager will in-service Maintenance staff on codes 8.4.1, 19.3.5.4, and 19.3.2.1 D. Maintenance manager will report observations and audits of all self-closing devices in all 4 smoke compartments to the Quality Assurance Committee at the QAPI meeting. E. Completion date by 12/20/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Kathleen E Keene, Administrator 12/3/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Modified POC Accepted Via Phone Call with Administrator Kathy Keene on 12/03/15 @ 308pm. 34354

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	526060	A. BUILDING 01 - MAIN BUILDING 01 B. WING	

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K029	Continued From page 1 1. Observation on 11/03/15 at 10:15 AM revealed the dietary office door leading to the kitchen was provided with a self-closing device, but when activated would not close and latch the door into its frame. At the time of the observation the Facility Maintenance Manager acknowledged the door would not close and latch into the door h 2. Observation on 11/03/15 at 9:55 AM revealed the network/file room was over 50 sqft, but the door was not provided with a self-closing device. At the time of the observation the Facility Maintenance Manager acknowledged the door to the network/file room was not self-closing.	K029		
K 038 SS=D	Ref: 2000 NFPA 101, Section 19.3.2.1 NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to arrange exit access so that exits are readily accessible at all times in 2 of 4 smoke compartments. The findings were: Observation on 11/03/15 from 9:30 AM to 10:30 AM revealed the door locks required tight	K 038	K 038 A. The physical therapy room, dietary office, dishwashing room, and medical records outside file room locksets will be replaced with single action locksets. B. All residents and staff are risk if fire or smoke were present in those rooms or any other room that is note protected by a single action lockset device. Maintenance will observe and audit all single action lockset device in all 4 smoke compartments and there after quarterly. C. The maintenance manager will in-service Maintenance staff on codes 19.2.2.2.1, and 7.2.1.5.4. D. Maintenance manager will report observations and audits of all single action locksets in all 4 smoke compartments to the Quality Assurance Committee at the QAPI meetings. E. Completion date by 12/20/15	

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K038	Continued From page 2 to make the door operable in the following locations. Physical therapy, dietary office, dishwash room, and the outdoor file room. At the time of the observations the Facility Maintenance Manager acknowledged the door locks required more than one operation. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K038		
K062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, document review and staff interview, the facility failed to ensure that automatic sprinkler systems are continuously maintained per the requirements of NFPA 13. The finding were: Observation of the dry sprinkler riser room on 11/03/15 at 10:12AM revealed the fire riser had been modified from the original installation for the addition of a reduce principle backflow preventer and valves. No hydraulic design information sign was provided. At the time of the observation the Facility Maintenance Manager indicated that he was unaware of the date of modification, but would provide the required information. Ref:	K062	K 062 A. The dry sprinkler riser will have a hydraulic design information sign posted on the dry sprinkler riser. B. All residents and staff are risk if a fire was present in the building and the hydraulics of the sprinkler system did not meet the hydraulic design. Maintenance will observe any time that there is any work done to the dry sprinkler system and update hydraulic design information. C. The maintenance manager will in-service Maintenance on codes 19.7.6, 4.6.12 NFPA 13, NFPA 25, 9.7.5. D. Maintenance manager will report observations of any work done on the dry sprinkler system to the Quality Assurance Committee at the QAPI meeting. E. Completion date by ~~1/20/15~~ 11/02/15 12/03/15	01/02/16

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K062	Continued From page 3 2000 NFPA 101, Sections 19.3.5.1 and 9.7.1.1 1999 NFPA 13, Sections 5-15.4.6.2 and 10-5	K062	K069 A. The kitchen hood Ansul system will be inspected at semi-annually inspections a second contractor will be at hand should there be a problem with the first contractor. B. All residents and staff are risk if a fire was present in the kitchen and ansul system didn't work properly. Maintenance will observe and audit once a month for 1 month that the kitchen hood was inspected semi-annually and then after every 6 months. C. The maintenance manager will in-service Maintenance staff on codes 9.2.3, 19.3.2.6, NFPA 96. D. Maintenance manager will report observations and audits of all Inspections to the Quality Assurance Committee at the QAPI meeting. E. Completion date by 12/31/15	
K069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the kitchen hood was maintained in accordance with NFPA 96 in 1 of 4 smoke compartments. The findings were: Document review on 11/03115 from 10:45 AM to 11:15AM revealed that the Ansul system inspections had not been completed on a semi-annual basis. The system was checked in October 2014 and August 2015. At the time of the document review the Facility Maintenance Manager acknowledged the inspections had not been done semi-annually, and the reason the inspection was late was due to the difficulty of getting the contractor to the facility for inspections. Ref: 2000 NFPA 101, Sections 19.3.2.6 and 9.2.3 1998 NFPA 96, Section 8-2	K069		
K076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K076		

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K 076	Continued From page 4 (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide an adequate medical gas storage area per NFPA 99. The findings were: 1. Observation of the outside oxygen storage area on 11/02/15 at 10:20 AM revealed 96 E cylinders in racks stored within 20 feet of motor oil and card board boxes. At the time of the observation the Facility Maintenance Manager acknowledged the combustible materials being stored within the location. 2. Observation of the oxygen cylinder storage area located inside the employee break room on 11/02/15 at 10:10 AM revealed 8 cylinders stored within 5 ft of cardboard boxes and plastic containers. At the time of the observation the Facility Maintenance Manager acknowledged the combustible materials being stored within the location. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K076	K 076 A. The said outdoors oxygen cylinder storage will be moved to its own storage area outdoors and no other combustible material will be stored within 5 feet of the oxygen storage area. The oxygen cylinder storage inside the employee break area will have all combustible material removed 5 feet from oxygen cylinders and signs and safe distances will be posted. B. All residents and staff are risk if a fire was present near the indoor or outdoor oxygen storage areas. Maintenance and nursing staff will observe and audit once a week for a month and then once a month. C. The maintenance manager will in-service maintenance staff on codes 2000 NFPA 101 Section 19.3.2.4 and 1999 NFPA 99 Section 8-3.1.11.2. D. Maintenance manager will report observations and audits of all of the oxygen storage areas to the Quality Assurance Committee at the QAPI meeting. E. Completion date by 12/31/15	